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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10580615 | <b>Applicant(s)/Patent Under Reexamination</b><br>BENBOW ET AL. |
|   | <b>Examiner</b><br>Samantha L Shterengarts | <b>Art Unit</b><br>1626   |

| ORIGINAL                  |  |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                    |             |  |  |  |  |  |  |  |
|---------------------------|--|----------|--|--|--|------------------------------|---|---|---|--------------------|-------------|--|--|--|--|--|--|--|
| CLASS                     |  | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                    | NON-CLAIMED |  |  |  |  |  |  |  |
| 514                       |  | 341      |  |  |  | A                            | 6 | 1 | K | 31 / 4155 (2006.0) |             |  |  |  |  |  |  |  |
| <b>CROSS REFERENCE(S)</b> |  |          |  |  |  | A                            | 6 | 1 | K | 31 / 435 (2006.0)  |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  | C                            | 0 | 7 | D | 401 / 02 (2006.0)  |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  | C                            | 0 | 7 | D | 231 / 10 (2006.0)  |             |  |  |  |  |  |  |  |
| <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |          |  |  |  |                              |   |   |   |                    |             |  |  |  |  |  |  |  |
| 514                       | 406                                      |          |  |  |  |                              |   |   |   |                    |             |  |  |  |  |  |  |  |
| 546                       | 275.4                                    |          |  |  |  |                              |   |   |   |                    |             |  |  |  |  |  |  |  |
| 548                       | 371.4                                    | 373.1    |  |  |  |                              |   |   |   |                    |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                    |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                    |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                    |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                    |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                    |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                    |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                    |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                    |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                    |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                    |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                    |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                    |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                    |             |  |  |  |  |  |  |  |

| <input checked="" type="checkbox"/> <b>Claims renumbered in the same order as presented by applicant</b> <input type="checkbox"/> <b>CPA</b> <input type="checkbox"/> <b>T.D.</b> <input type="checkbox"/> <b>R.1.47</b> |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|--|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final  | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1  | 1        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 2  | 2        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 3  | 3        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 4  | 4        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 5  | 5        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| -  | 6        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| -  | 7        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| -  | 8        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6  | 9        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| -  | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| -  | 11       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
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|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
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|   |                      |                                   |                            |
|---|----------------------|-----------------------------------|----------------------------|
| /Samantha L Shterengarts/<br>Examiner.Art Unit 1626<br><br>(Assistant Examiner) | 7/28/2009<br>(Date)  | <b>Total Claims Allowed:</b><br>6 |                            |
| /Kamal A Saeed/<br>Primary Examiner.Art Unit 1626<br><br>(Primary Examiner)     | 07/30/2009<br>(Date) | O.G. Print Claim(s)<br>1          | O.G. Print Figure<br>----- |